

FINANCIAL AFFIDAVITCJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES

 MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF

USA vs. Robert Straughter

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Robert Straughter

CHARGE/OFFENSE (describe if applicable & check box →)

 Felony Misdemeanor

Defendant - Adult
 Defendant - Juvenile
 Appellant
 Probation Violator
 Parole Violator
 Habeas Petitioner
 2255 Petitioner
 Material Witness
 Other (Specify) _____

FILED
6-2-08

DOCKET NUMBERS

Magistrate	08 CR 436
District Court	
Court of Appeals	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self Employed <i>Kier</i>	
	Name and address of employer: <i>Judge Sidney J. Scheckier Magistrate Court District Court Chicago, IL</i>	
ASSETS	IF YES, how much do you earn per month? \$ <u>1150</u>	IF NO, give month and year of last employment
		How much did you earn per month? \$ _____
OTHER INCOME	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
CASH	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	RECEIVED	SOURCES
PROP- ERTY	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____	
	THE SOURCES _____	_____
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____	
	RECEIVED	SOURCES
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	VALUE	DESCRIPTION
OBLIGATIONS & DEBTS	IF YES, GIVE THE VALUE AND \$ _____	
	DESCRIBE IT _____	_____

DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them	
	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	<u>2</u>	<i>provides support to two children (ages 3 and 5) (approx. 3600/mo.)</i>	

DEBTS & MONTHLY BILLS	APARTMENT OR HOME: <i>rent</i>	Creditors	Total Debt	Monthly Payt.
	<i>hospital bill food insurance gas</i>		\$ <u>400</u>	\$ <u>400</u>
(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)			\$ <u>50</u>	\$ <u>50</u>
			\$ <u>100</u>	\$ <u>100</u>
			\$ <u>60</u>	\$ <u>60</u>
			<i>200</i>	<i>200</i>

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

6-2-08

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)*Robert Straughter*